FOR OHF USE

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2005
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2005)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0027664

Facility Name: Hearthstone Manor

Address: 920 North Seminary Avenue (Number) Woodstock (City) 60098 (Zip Code)

County: McHenry

Telephone Number: (815) 334-6200 **Fax #** (815) 338-0023

IDPA ID Number: 36-318-6415-001

Date of Initial License for Current Owners: 1903

Type of Ownership:

[X]	VOLUNTARY,NON-PROFIT	[ ]	PROPRIETARY	[ ]	GOVERNMENTAL
[X]	Charitable Corp.	[ ]	Individual	[ ]	State
[ ]	Trust	[ ]	Partnership	[ ]	County
IRS Exemption Code	501C3	[ ]	Corporation	[ ]	Other
		[ ]	"Sub-S" Corp.		
		[ ]	Limited Liability Co.		
		[ ]	Trust		
		[ ]	Other		

In the event there are further questions about this report, please contact:
Name: Mark Greenfield **Telephone Number:** (815) 334-6200

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 7/01/2004 to 6/30/2005 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) _____ (Date)
(Print Name and Title) _____
(Firm Name & Address) _____
(Telephone) ( ) Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	29	Skilled (SNF)	29	10,585	1
2		Skilled Pediatric (SNF/PED)			2
3	46	Intermediate (ICF)	46	16,790	3
4		Intermediate/DD			4
5	63	Sheltered Care (SC)	63	22,995	5
6		ICF/DD 16 or Less			6
7	138	TOTALS	138	50,370	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	0	0	2,878	2,878	8
9	SNF/PED					9
10	ICF	6,389	14,582		20,971	10
11	ICF/DD					11
12	SC	674	10,504		11,178	12
13	DD 16 OR LESS					13
14	TOTALS	7,063	25,086	2,878	35,027	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 69.54%

D. How many bed-hold days during this year were paid by the Department? _____ (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES [ ] NO [X]

I. On what date did you start providing long term care at this location? Date started / /

J. Was the facility purchased or leased after January 1, 1978? YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year? YES [X] NO [ ] If YES, enter number of beds certified 29 and days of care provided 2,753

Medicare Intermediary AdminaStar

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [ ] NO [ ]

Tax Year: 06/30/2004 Fiscal Year: 06/30/2004

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/01/2004 **Ending:** 6/30/2005

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	227,542	30,568	130,823	388,933		388,933		388,933			1
2	Food Purchase		168,600		168,600		168,600	(9,118)	159,482			2
3	Housekeeping	120,737	26,444	404	147,585		147,585		147,585			3
4	Laundry	53,440	3,316	3,299	60,055		60,055		60,055			4
5	Heat and Other Utilities			117,689	117,689		117,689	5,952	123,641			5
6	Maintenance			118,825	118,825		118,825	9,147	127,972			6
7	Other (specify):*			348	348		348		348			7
8	**TOTAL General Services**	401,719	228,928	371,388	1,002,035		1,002,035	5,981	1,008,016			8
	B. Health Care and Programs											
9	Medical Director			536,648	536,648		536,648		536,648			9
10	Nursing and Medical Records	1,553,336	183,883	23,723	1,760,942		1,760,942		1,760,942			10
10a	Therapy											10a
11	Activities	140,568	3,874	8,962	153,404		153,404		153,404			11
12	Social Services	30,558		5,439	35,997		35,997		35,997			12
13	CNA Training											13
14	Program Transportation											14
15	Other (specify):*	322,823	7,172	38,267	368,262		368,262		368,262			15
16	**TOTAL Health Care and Programs**	2,047,285	194,929	613,039	2,855,253		2,855,253		2,855,253			16
	C. General Administration											
17	Administrative	125,880		726,702	852,582		852,582	89,438	942,020			17
18	Directors Fees											18
19	Professional Services			50,745	50,745		50,745	46,206	96,951			19
20	Dues, Fees, Subscriptions & Promotions			64,185	64,185		64,185	(1,763)	62,422			20
21	Clerical & General Office Expenses	104,874		38,138	143,012		143,012	179,763	322,775			21
22	Employee Benefits & Payroll Taxes			916,156	916,156		916,156	177,401	1,093,557			22
23	Inservice Training & Education			1,295	1,295		1,295		1,295			23
24	Travel and Seminar			10,357	10,357		10,357	10,782	21,139			24
25	Other Admin. Staff Transportation							873	873			25
26	Insurance-Prop.Liab.Malpractice			76,667	76,667		76,667	18,203	94,870			26
27	Other (specify):*											27
28	**TOTAL General Administration**	230,754		1,884,245	2,114,999		2,114,999	520,903	2,635,902			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	2,679,758	423,857	2,868,672	5,972,287		5,972,287	526,884	6,499,171			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Hearthstone Manor #0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			46,722	46,722		46,722	(14,987)	31,735			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			(187,218)	(187,218)		(187,218)	187,218				32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds			404,000	404,000		404,000		404,000			34
35	Rent-Equipment & Vehicles			12,264	12,264		12,264		12,264			35
36	Other (specify):*											36
37	**TOTAL Ownership**			275,768	275,768		275,768	172,231	447,999			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops	21,779	666	54	22,499		22,499	(22,499)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			41,063	41,063		41,063		41,063			42
43	Other (specify):*		(5)		(5)		(5)		(5)			43
44	**TOTAL Special Cost Centers**	21,779	661	41,117	63,557		63,557	(22,499)	41,058			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	2,701,537	424,518	3,185,557	6,311,612		6,311,612	676,616	6,988,228			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(9,118)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	187,218	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(22,499)	40		16
17	Non-Care Related Fees	(46,722)	30		17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions	(26,712)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(12,000)	20		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	(24,406)	20		28
29	Other-Attach Schedule	(678,848)	17		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (633,087)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$ 11,008		31
32	Donated Goods-Attach Schedule*	10,493		32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule	630,855		35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 652,356		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 19,269		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Hearthstone Manor

ID# 0027664

Report Period Beginning: 7/01/2004

Ending: 6/30/2005

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	0		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/01/2004 **Ending:** 6/30/2005

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(9,118)	0	0	0	0	0	0	0	0	0	0	(9,118)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	5,952	0	0	0	0	0	0	0	0	0	5,952	5
6	Maintenance	0	9,147	0	0	0	0	0	0	0	0	0	9,147	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(9,118)	15,099	0	0	0	0	0	0	0	0	0	5,981	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	89,438	0	0	0	0	0	0	0	0	0	89,438	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	46,206	0	0	0	0	0	0	0	0	0	46,206	19
20	Fees, Subscriptions & Promotions	(63,118)	61,355	0	0	0	0	0	0	0	0	0	(1,763)	20
21	Clerical & General Office Expenses	0	179,763	0	0	0	0	0	0	0	0	0	179,763	21
22	Employee Benefits & Payroll Taxes	0	177,401	0	0	0	0	0	0	0	0	0	177,401	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	10,782	0	0	0	0	0	0	0	0	0	10,782	24
25	Other Admin. Staff Transportation	0	873	0	0	0	0	0	0	0	0	0	873	25
26	Insurance-Prop.Liab.Malpractice	0	18,203	0	0	0	0	0	0	0	0	0	18,203	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(63,118)	584,021	0	0	0	0	0	0	0	0	0	520,903	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(72,236)	599,120	0	0	0	0	0	0	0	0	0	526,884	29

STATE OF ILLINOIS **Summary B**

Facility Name & ID Number **Hearthstone Manor** **# 0027664** **Report Period Beginning:** **7/01/2004** **Ending:** **6/30/2005**

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(46,722)	31,735	0	0	0	0	0	0	0	0	0	(14,987)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	187,218	0	0	0	0	0	0	0	0	0	0	187,218	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	140,496	31,735	0	0	0	0	0	0	0	0	0	172,231	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	(22,499)	0	0	0	0	0	0	0	0	0	0	(22,499)	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	(22,499)	0	0	0	0	0	0	0	0	0	0	(22,499)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	45,761	630,855	0	0	0	0	0	0	0	0	0	676,616	45

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	6	Maintenance	$	Woodstock Christioan Life Services	100.00%	$ 9,147	$ 9,147	1
2	V	22	Employee Benefits		Woodstock Christioan Life Services	100.00%	177,401	177,401	2
3	V	26	Insurance		Woodstock Christioan Life Services	100.00%	18,203	18,203	3
4	V	5	Utilities		Woodstock Christioan Life Services	100.00%	5,952	5,952	4
5	V	30	Depreciation		Woodstock Christioan Life Services	100.00%	31,735	31,735	5
6	V	33	Real Estate Taxes		Woodstock Christioan Life Services	100.00%			6
7	V	17	Administrative		Woodstock Christioan Life Services	100.00%	89,438	89,438	7
8	V	21	Clerical/General Office		Woodstock Christioan Life Services	100.00%	179,763	179,763	8
9	V	40	Other		Woodstock Christioan Life Services	100.00%			9
10	V	20	Fees, Subscriptions, Promotions		Woodstock Christioan Life Services	100.00%	61,355	61,355	10
11	V	19	Professional Fees		Woodstock Christioan Life Services	100.00%	46,206	46,206	11
12	V	24	Travel and Seminars		Woodstock Christioan Life Services	100.00%	10,782	10,782	12
13	V	25	Other admin		Woodstock Christioan Life Services	100.00%	873	873	13
14	Total			$			$ 630,855	$ * 630,855	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
						Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1									$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

*** If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.**

**** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Maintenance	Corporate Revenue			$	$		$	1
2	22	Employee Benefits	Corporate Revenue							2
3	26	Insurance	Corporate Revenue							3
4	5	Utilities	Corporate Revenue							4
5	30	Depreciation	Corporate Revenue							5
6	33	Real Estate Taxes	Corporate Revenue							6
7	17	Administrative	Corporate Revenue							7
8	21	Clerical/General Office	Corporate Revenue							8
9	40	Other	Corporate Revenue							9
10	20	Fees, Subscriptions, Promotions	Corporate Revenue							10
11	19	Professional Fees	Corporate Revenue							11
12	24	Travel and Seminars	Corporate Revenue							12
13	25	Other admin	Corporate Revenue							13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	HARRIS N.A.		X	BUSINESS	VARIES	7/13/2005	5,260,894	5,233,693	7/13/2015	0.0665	(187,218)	6
7												7
8												8
9	TOTAL Facility Related						$ 5,260,894	$ 5,233,693			$ (187,218)	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 5,260,894	$ 5,233,693			$ (187,218)	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. **$** _____ **Line #** _____

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Hearthstone Manor **#** 0027664 **Report Period Beginning:** 7/01/2004 **Ending:** 6/30/2005

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.	*Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	2000	8
	2001	9
	2002	10
	2003	11
	2004	12

FOR OHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2004	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.** **This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Hearthstone Manor COUNTY McHenry

FACILITY IDPH LICENSE NUMBER 0027664

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 60,000 B. General Construction Type: Exterior MASONARY Frame _____ Number of Stories 3

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____

3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	LAND	60,000	1903	$ 5,372	1
2					2
3	TOTALS	60,000		$ 5,372	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	10		1950	1950	$ 150,823	$	40	$	$	$ 150,823	4
5	90		1973	1973	796,110	19,903	40	19,903		656,794	5
6	38		1976	1976	751,053	18,776	40	18,776		563,285	6
7											7
8											8
	Improvement Type**										
9	Sprinkler System			1977	2,935		25			2,935	9
10	Air conditioning			1977	10,374		10			10,374	10
11	Roof			1978	4,656		20			4,656	11
12	Roof			1978	7,536		20			7,536	12
13	Boiler			1978	8,498		20			8,498	13
14	Sprinkler System			1980	10,353		25			10,353	14
15	Office Remodeling			1980	5,218	130	40	130		3,384	15
16	Roof			1981	5,100		10			5,100	16
17	Parking Lot			1982	3,549	89	40	89		2,295	17
18	Roof Additions			1983	6,560	164	40	164		3,690	18
19	Roof			1984	4,690		10			4,690	19
20	Kitchen			1984	187	6	20	6		187	20
21	Kitchen			1985	1,415	35	40	35		748	21
22	Sign			1985	855		5			855	22
23	Remodeling Second Floor			1985	10,026		10			10,026	23
24	Activity Room			1985	1,044		15			1,044	24
25	Remodeling Second Floor			1985	1,735	6	20	6		1,735	25
26	Dining Room Remodel			1986	27,607		10			27,607	26
27	Solarium			1986	15,216		10			15,216	27
28	Kitchen			1986	5,749	287	20	287		5,457	28
29	Solarium			1987	45,713	1,143	40	1,143		21,715	29
30	HVAC			1987	3,931	197	20	197		3,739	30
31	Water Heater			1987	1,258		15			1,258	31
32	Roof			1987	11,828		10			11,828	32
33	Re-Key Locks			1987	1,004		10			1,004	33
34	Renovations Room 241			1987	629		15			629	34
35	Parking Lot			1987	3,291		15			3,291	35
36											36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Roof	1988	$ 12,550	$	10	$	$	$ 12,550	37
38	Remodel Employee Lounge	1988	890		10			890	38
39	Water Meters	1989	2,820		10			2,820	39
40	Roof Repair	1990	1,255		10			1,255	40
41	Thermostats	1991	1,264		10			1,264	41
42	Roof Repair	1992	980		10			980	42
43	Thermostats	1992	1,481		10			1,481	43
44	Drop Ceiling	1992	370		10			370	44
45	Windows	1992	607		10			607	45
46	Roof Repair	1992	608		10			608	46
47	Smoker Room	1992	973		10			973	47
48	Nurse Station	1992	359		10			359	48
49	Roof Repair	1992	720		10			720	49
50	Smoker Room	1992	216		10			216	50
51	Brick Smoker Room	1992	325		10			325	51
52	Parking Lot Expansion	1992	577	38	15	38		483	52
53	Roof Repair	1993	800		10			800	53
54	Windows	1993	317		10			317	54
55	Roof Repair	1993	1,715		10			1,715	55
56	Generator Repair	1993	1,049		10			1,049	56
57	Water Heater	1994	3,240		10			3,240	57
58	Courtyard	1994	819		10			819	58
59	Alarm System	1994	1,391		10			1,245	59
60	Fire Doors	1994	437		10			437	60
61	Roof Repair	1994	1,259		10			1,259	61
62	Plumbing	1995	10,741		5			10,741	62
63	Roof Repair	1995	1,170	117	10	117		1,160	63
64	Roof Repair	1995	11,299	1,130	10	1,130		11,111	64
65	Roof Repair	1995	12,340	1,234	10	1,234		12,031	65
66	Roof Repair	1995	861	86	10	86		832	66
67	Electrical Repair	1995	15,122	1,512	10	1,512		14,492	67
68	Roof Repair	1996	3,500	350	10	350		3,325	68
69	Doors	1996	2,685	179	15	179		2,373	69
70	TOTAL (lines 4 thru 69)		$ 1,993,683	$ 45,383		$ 45,383	$	$ 1,633,597	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Fire Doors	1996	$ 457	$ 23	20	$ 23	$	$ 389	37
38	Doors	1996	1,649	165	10	165		1,136	38
39	Architect Service	1996	13,331	667	20	667		6,193	39
40	Roof Repair	1996	5,380	269	20	269		4,370	40
41	Roof Replacement	1996	27,341	1,367	20	1,367		12,190	41
42	Plumbing	1996	10,960	548	20	548		8,673	42
43	Architect Service	1996	1,332	67	20	67		593	43
44	Roof Repair	1996	1,758	88	20	88		1,381	44
45	Alum. Gutter-downspout	1996	1,650	83	20	83		1,281	45
46	Architect Service	1996	1,122	56	20	56		494	46
47	Roof Repair	1996	540	27	20	27		423	47
48	Rooftop HVAC Replacement	1996	52,688	2,634	20	2,634		23,055	48
49	New Door	1996	3,042	152	20	152		2,354	49
50	Roof Replacement	1996	25,941	1,297	20	1,297		11,240	50
51	Firestops Replacement	1996	3,553	355	10	355		3,082	51
52	Architect Service	1996	475	24	20	24		206	52
53	Exit Lights	1996	2,737	274	10	274		2,351	53
54	Architect Service	1996	750	38	20	38		322	54
55	HVAC	1996	77,291	3,865	20	3,865		33,171	55
56	New Sidewalk	1996	986	66	15	66		571	56
57	Parking lot repair	1996	1,623	162	10	162		1,410	57
58	S.M. Sign Maintenance	1996	308	0	5	0		308	58
59	Labor-Roof Replacement	1997	12,255	613	20	613		9,190	59
60	Architect Service	1997	1,775	89	20	89		1,398	60
61	Sunroom painting	1997	2,145	107	20	107		1,574	61
62	Asbestos repair	1997	715	36	20	36		525	62
63	Heating	1998	5,787	289	20	289		2,242	63
64	Ductwork and Electric	1998	3,370	169	20	169		2,219	64
65	Rebuild roof unit	1998	2,235	112	20	112		1,471	65
66	3rd floor project	1998	10,019	501	20	501		3,799	66
67	IDPH-Building Project Fees	1998	2,712	136	20	136		1,028	67
68	Shayman-Contractors	1998	10,000	500	20	500		3,792	68
69	Century Tiule	1998	461	23	20	23		300	69
70	TOTAL (lines 4 thru 69)		$ 2,185,331	$ 55,535		$ 55,535	$ 0	$ 1,683,482	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Extra sheets for pages 6, 8 and 12 have been included in the file. Click Format-Sheet-Unhide to see the sheets available.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Handi-Hut-Shelter	1998	$ 7,488	$ 374	20	$ 374	$	$ 4,742	37
38	Signage	1998	412	0	5	0		412	38
39	Phone/Data Lines	1998	7,869	787	10	787		5,508	39
40	ADA Sidewalk	1999	2,016	101	20	101		706	40
41	Phone/Data Lines	1999	1,450	145	10	145		1,015	41
42	Air Conditioning	1999	10,866	1,087	10	1,087		7,335	42
43	Aluminum Gutters/Downspouts	1999	540	54	10	54		365	43
44	Exit Lights	1999	322	32	10	32		212	44
45	Exit Lights	1999	400	40	10	40		260	45
46	Smoking Room	1999	114	11	10	11		82	46
47	Third Floor Renovation-Building	1999	240,021	12,001	20	12,001		78,007	47
48	Fire Protection	1999	2,750	275	10	275		1,765	48
49	Architect Fees	1999	1,080	243	3	243		1,080	49
50	Maintenance Labor-Painting	1999	1,740	0	5	0		1,740	50
51	Paint Stairwells & Halls	1999	1,624	0	5	0		1,624	51
52	Third Floor Renovation-Bldg-Final PMT	1999	32,418	1,621	20	1,621		10,536	52
53	Carpeting-Main Floor	1999	10,300	0	5	0		10,300	53
54	Signage	2000	987	132	5	132		987	54
55	Storm Windows	2000	941	188	5	188		815	55
56	New Park Street Door	2000	2,872	191	15	191		894	56
57	Replace Warped Doors	2000	3,960	792	5	792		3,366	57
58	Reception Area	2000	25,839	2,584	10	2,584		10,252	58
59	Property Banners	2000	968	194	5	194		903	59
60	Sidewalk Replacements	2001	5,100	340	15	340		1,360	60
61	ADT Security System - Manor	2001	21,653	2,165	10	2,165		8,120	61
62	Remodel RM 203 Admissions Office	2001	2,155	215	10	215		790	62
63	3rd Floor Office Space Conversion	2001	3,965	396	10	396		1,421	63
64	Convert RM 203 to Office, Copy and Storage	2001	3,765	376	10	376		1,349	64
65	Convert Sun Room to New Chapel	2001	39,890	3,989	10	3,989		14,238	65
66	SC Activity Dining Room Conversion	2002	7,422	742	10	742		2,598	66
67	General Store Conversion	2002	2,131	213	10	213		735	67
68	Replace Defective Water Piping	2002	10,213	1,021	10	1,021		3,149	68
69	Nursing Floor Showers	2003	2,943	294	10	294		883	69
70	TOTAL (lines 4 thru 69)		$ 2,355,155	$ 71,342		$ 71,342	$ 0	$ 1,718,300	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

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Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Asbestos Inspection	2003	$ 4,374	$ 437	10	$ 437	$	$ 1,277	37
38	Chapel Conversion	2003	856	171	5	171		442	38
39	Tuckpoint Boiler Smoke Stack	2003	3,630	363	10	363		938	39
40	Traditions Alzheimer Dementia Units	2003	515,315	25,766	20	25,766		62,269	40
41	Traditions Blueprints and Design Drawings	2003	8,250	413	20	413		997	41
42	Traditions Policies and Procedures	2003	46,691	2,335	20	2,335		5,642	42
43	New Chapel Landscaping	2003	6,553	1,311	5	1,311		3,385	43
44	Replace flat roof	2003	4,680	234	20	234		566	44
45	Replace floor tile in dining room	2003	6,360	1,272	5	1,272		2,853	45
46	Signage Engraver - Manor	2003	544	109	5	109		254	46
47	Carpet Extractor	2003	2,035	407	5	407		916	47
48	Washer Drum	2003	1,738	348	5	348		782	48
49	Satellite TV System	2003	10,485	2,097	5	2,097		4,544	49
50	Elevator Code Updates	2003	2,227	445	5	445		965	50
51	Foor Processor	2003	1,147	229	5	229		497	51
52	04 RENOVATIONS	2004	4,044	1,348	3	1,348		2,696	52
53	FURNITURE	2004	10,650	2,663	4	2,663		5,325	53
54	04 RENOVATIONS	2004	49,115	9,823	5	9,823		19,646	54
55	04 RENOVATIONS	2004	37,405	3,741	10	3,741		7,481	55
56	BLACK TOP COURT ROAD	2004	12,820	855	15	855		1,709	56
57	05 RENOVATIONS	2005	37,221	5,184	5	5,184		5,184	57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 2,665,082	$ 100,285		$ 100,285	$ 0	$ 1,669,119	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 728,274	$ 40,870	$ 40,870	$		$ 457,049	71
72	Current Year Purchases	26,294	2,863	2,863			2,863	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 754,568	$ 43,733	$ 43,733	$		$ 459,912	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Van W/ Lift	Ford	1998	$ 14,000	$	$	$		$ 14,000	76
77	Painting of Vehicle	Ford Taurus	1996	1,693					1,693	77
78										78
79										79
80	TOTALS			$ 15,693	$	$	$		$ 15,693	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 4,954,647	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 189,401	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 189,401	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 2,530,205	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Furniture and Fixtures	$ 467,429	$ 14,488	$ 421,003	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 467,429	$ 14,488	$ 421,003	91

G. Construction-in-Progress

	Description	Cost	
92	CIP Various	$ 15,467	92
93			93
94			94
95		$ 15,467	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [X] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2006	$
13.	/2007	$
14.	/2008	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [ ] NO

16. Rental Amount for movable equipment: $ Description:
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [ ] YES [X] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist		hrs	$		$	$		$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor **#** 0027664 **Report Period Beginning:** 7/01/2004 **Ending:** 6/30/2005

XV. BALANCE SHEET - Unrestricted Operating Fund. **As of** 6/30/2005 **(last day of reporting year)**

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,015	$ 573,090	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	678,645	852,563	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,677	103,670	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): DUE FROM OTHER	2,347,200		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,041,537	$ 1,529,323	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	1,539,626	5,846,518	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	129,704		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):		129,704	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,669,330	$ 5,976,222	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,710,867	$ 7,505,545	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 226,689	$ 370,975	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	2,433	226,377	29
30	Accrued Salaries Payable	341,766	479,718	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	SECURITY DEPOSITS	2,830	183,472	36
37	GIFT ANNU.		2,720	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 573,718	$ 1,263,262	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		5,191,430	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation		86,858	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 5,278,288	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 573,718	$ 6,541,550	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 4,137,149	$ 963,995	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 4,710,867	$ 7,505,545	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 4,041,977	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 4,041,977	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	95,172	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 95,172	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 4,137,149	24 *

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 6,198,174	1
2	Discounts and Allowances for all Levels	135,471	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 6,333,645	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services	(2,673)	21
22	Laundry	5,003	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 2,330	23
	D. Non-Operating Revenue		
24	Contributions	70,809	24
25	Interest and Other Investment Income***		25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 70,809	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28			28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 6,406,784	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,002,035	31
32	Health Care	2,855,253	32
33	General Administration	2,114,999	33
	B. Capital Expense		
34	Ownership	275,768	34
	C. Ancillary Expense		
35	Special Cost Centers	63,557	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,311,612	40
41	**Income before Income Taxes (line 30 minus line 40)****	95,172	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 95,172	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,896	2,120	$ 53,851	$ 25.40	1
2	Assistant Director of Nursing		0	0		2
3	Registered Nurses	23,186	20,703	544,376	26.29	3
4	Licensed Practical Nurses	8,458	8,964	163,994	18.29	4
5	CNAs & Orderlies	63,329	68,493	798,553	11.66	5
6	CNA Trainees			0		6
7	Licensed Therapist			0		7
8	Rehab/Therapy Aides			0		8
9	Activity Director	1,161	1,384	27,726	20.03	9
10	Activity Assistants	10,780	11,699	129,198	11.04	10
11	Social Service Workers	1,776	2,080	31,589	15.19	11
12	Dietician			0		12
13	Food Service Supervisor	1,835	2,056	30,030	14.61	13
14	Head Cook		0	0		14
15	Cook Helpers/Assistants	22,581	23,923	185,629	7.76	15
16	Dishwashers			0		16
17	Maintenance Workers			0		17
18	Housekeepers	12,948	13,894	116,155	8.36	18
19	Laundry	3,542	4,144	51,898	12.52	19
20	Administrator	1,848	2,080	74,842	35.98	20
21	Assistant Administrator			0		21
22	Other Administrative	1,928	2,120	35,985	16.97	22
23	Office Manager	992	992	16,802	16.94	23
24	Clerical	7,857	8,691	92,379	10.63	24
25	Vocational Instruction			0		25
26	Academic Instruction			0		26
27	Medical Director			0		27
28	Qualified MR Prof. (QMRP)			0		28
29	Resident Services Coordinator	1,620	1,807	40,382	22.35	29
30	Habilitation Aides (DD Homes)			0		30
31	Medical Records	1,810	2,080	23,843	11.46	31
32	Other Health Care(specify)	24,946	26,902	263,557	9.80	32
33	Other(specify)	1,698	1,846	20,750	11.24	33
34	TOTAL (lines 1 - 33)	194,191	205,978	$ 2,701,537 *	$ 13.12	34

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	3,311	$ 123,131	1	35
36	Medical Director	50	4,000	9	36
37	Medical Records Consultant	6	379	10	37
38	Nurse Consultant				38
39	Pharmacist Consultant	451	4,514	15	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	12	726	11	44
45	Social Service Consultant	12	726	12	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	3,842	$ 133,476		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		$		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Janet Smith	Administrator		$ 74,842
Other Admin	Vari		51,038
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 125,880

B. Administrative - Other

Description	Amount
FUND RAISING SUPPLIES	$ 1,948
Corporate Svc	678,848
G&A Misc Expense	45,906
TOTAL (agree to Schedule V, line 17, col. 3)	$ 726,702
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
		$
Consulting	Financial	1,025
Legal Fees	Legal	7,603
Consulting	HR	42,117
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 50,745

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 111,491
Unemployment Compensation Insurance	
FICA Taxes	218,866
Employee Health Insurance	289,637
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Valic	41,716
PTO	235,631
Other	17,017
Recognition	1,798
TOTAL (agree to Schedule V, line 22, col.8)	$ 916,156

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	24,406
Health Care Worker Background Check	
(Indicate # of checks performed)	
Dues	5,003
License Fees	(3,743)
Bad Debts	12,000
Contributions	26,519
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 64,185

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	958
Seminar Expense	4,037
Auto Exp	2,279
Insur. Exp	3,083
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 10,357

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 Report Period Beginning: 7/01/2004 Ending: 6/30/2005

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Hearthstone Manor # 0027664 **Report Period Beginning:** 7/01/2004 **Ending:** 6/30/2005

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network- $10051.29**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **30,364** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **XX** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **XX** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. $ **41,063**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **N/A**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **None** Indicate the amount. $ **None**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **100**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **Yes**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **McGladrey & Pullen, LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **Yes** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.